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Image# 201606189018456042

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X For Other Than An Authorized Committee								
1. NAME OF	TYPE	OR PRINT ▼	Eva	mple: If typir	ng type		Office Use Only	
COMMITTEE (in				r the lines.	ig, type	12FE4M5		
American Healt	h Care Ass	ociation Po	olitical Actior	Committ	ee			
ADDRESS (number and	street)	01 L Street, NW	, 					
Check if different than previous reported. (AC	sly . w	ashington				DC	20005	-
2. FEC IDENTIFIC	ATION NUMBE	R ▼	CITY ▲		S	STATE A	ZIP C	ODE 🛦
C C00006080)]	3. IS THIS REPORT	\ <u>\</u>	IEW N) OR	AN (A)	MENDED)	
4. TYPE OF REP (Choose One) (a) Quarterly Rep April 15	(**) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	×	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Sep	20 (M8) 20 (M9) 20 (M10)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
Quarterly July 15 Quarterly October	Report (Q1) Report (Q2) 15 Report (Q3)	(c) 12-Day PRE-Ele Report f		Primary (12P		General Special (Runoff (12R)
January Year-End	Report (YE)		Election on				State	
Year Onl	Non-election y) (MY)	(d) 30-Day POST-E Report f		General (30G	i)	Runoff (3	30R)	Special (30S)
(TER)	on Report		Election on	M = M /	D D /	Y . Y . Y . Y	in the State	
5. Covering Period	05	01 / Y	2016	through	05_	31	2016]
I certify that I have ex	amined this Re	port and to the	e best of my kno	wledge and b	elief it is true	e, correct an	d complete.	
Type or Print Name of	Treasurer Ms	s. Robin Hillier						
Signature of Treasurer	Ms. Robin F	Hillier		[Electronically	Filed] Da	ate 06	18	2016
NOTE: Submission of fa	alse, erroneous,	or incomplete in	nformation may su	bject the pers	son signing th	is Report to the	he penalties of 2	2 U.S.C. §437g.
Office Use Only							FEC FO Rev. 12	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 05 01 2016 To: 05 31 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		170806.91
	(b) Cash on Hand at Beginning of Reporting Period	182657.87	
	(c) Total Receipts (from Line 19)	43532.83	311889.70
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	226190.70	482696.61
7.	Total Disbursements (from Line 31)	80311.73	336817.64
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	145878.97	145878.97
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period							
. Contributions (other than loans) From:								
(a) Individuals/Persons Other								
Than Political Committees								
(i) Itemized (use Schedule A)	36916.41	291003.56						
(ii) Unitemized	, 1616.42	9886.14						
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	38532.83	300889.70						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees								
(such as PACs)	5000.00	10000.00						
(d) Total Contributions (add Lines								
11(a)(iii), (b), and (c)) (Carry								
Totals to Line 33, page 5)▶	43532.83	310889.70						
. Transfers From Affiliated/Other								
Party Committees	0.00	0.00						
·	7							
. All Loans Received	0.00	0.00						
_	7	7						
Lean Denouments Dessived	0.00	0.00						
Loan Repayments Received	0.00	7						
Offsets To Operating Expenditures								
(Refunds, Rebates, etc.)	0.00	0.00						
(Carry Totals to Line 37, page 5)	0.00	0.00						
Refunds of Contributions Made								
to Federal Candidates and Other	0.00	0.00						
Political Committees	0.00	0.00						
. Other Federal Receipts								
(Dividends, Interest, etc.)	0.00	1000.00						
. Transfers from Non-Federal and Levin Funds		,						
(a) Non-Federal Account								
(from Schedule H3)	0.00	0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00						
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	43532.83	311889.70						
. Total Federal Receipts								
(subtract Line 18(c) from Line 19)▶	43532.83	311889.70						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period						
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date					
(i) Federal Share	0.00	0.00					
(ii) Non-Federal Share	0.00	0.00					
(b) Other Federal Operating		1007.77					
Expenditures(c) Total Operating Expenditures	. 384.23	4697.77					
(add 21(a)(i), (a)(ii), and (b))	. ▶ 384.23	4697.77					
2. Transfers to Affiliated/Other Party Committees	0.00	0.00					
3. Contributions to Federal Candidates/Committees		311500.00					
and Other Political Committees 4. Independent Expenditures	. 04300.00	011000.00					
(use Schedule E)25. Coordinated Party Expenditures	0.00	0.00					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00					
26. Loan Repayments Made	0.00	0.00					
7. Loans Made	0.00	0.00					
8. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	427.50	5619.87					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees (such as PACs)	0.00	0.00					
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	427.50	5619.87					
29. Other Disbursements	. 15000.00	15000.00					
30. Federal Election Activity (2 U.S.C. §431(2 (a) Allocated Federal Election Activity (from Schedule H6)	20))						
(i) Federal Share	0.00	0.00					
(ii) "Levin" Share		0.00					
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00					
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00					
1. Total Disbursements (add Lines 21(c), 22	,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	80311.73	336817.64					
2. Total Federal Disbursements							
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	.▶ 80311.73	336817.64					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
33. Total Contributions (other than loans) (from Line 11(d), page 3)	43532.83	310889.70		
34. Total Contribution Refunds (from Line 28(d))	427.50	5619.87		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43105.33	305269.83		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	384.23	4697.77		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. Net Operating Expenditures (subtract Line 37 from Line 36)	384.23	4697.77		

FOR LINE NUMBER: **PAGE** 6 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Martin Allen Date of Receipt Mailing Address 333 N. Summit Street 08 2016 City State Zip Code Transaction ID: C3308915 OH Toledo 43614 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer Occupation Vice President HCR ManorCare Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Harry E. Blunt Date of Receipt Mailing Address 2414 Greendale Rd 05 31 2016 City State Zip Code Transaction ID: C3324684 DE Wilmington 19810 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Marketing Executive SAP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Thomas Boerboom Date of Receipt Mailing Address 1127 Vista Ridge Lane 2016 05 23 City Zip Code State Transaction ID: C3320800 MN Shakopee 55379 Amount of Each Receipt this Period FEC ID number of contributing С 5000.00 federal political committee. Memo Item Name of Employer Occupation President Welcov Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5600.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Mary Jane Carothers Date of Receipt Mailing Address 6323 Panorama Drive 2016 06 City State Zip Code Transaction ID: C3308336 Panora IΑ 50216 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer Occupation Director of Quality & Clinical Srvcs Iowa Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Peter Corless Date of Receipt Mailing Address 3308 Overlook Ridge Rd 05 05 2016 City State Zip Code Transaction ID: C3307847 KY 40059 Prospect Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation **OnShift Executive VP of External Development** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) Joseph Donchess Date of Receipt Mailing Address 7844 Office Park Blvd 2016 05 09 City State Zip Code Transaction ID: C3316522 LA **Baton Rouge** 70809-7603 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation **Executive Director** Louisiana Nursing Home Association Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1625.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Teresa Eyet Date of Receipt Mailing Address 10009 Dallas Ave 2016 23 City Zip Code State Transaction ID: C3321071 MD Takoma Park 20901-2240 Amount of Each Receipt this Period FEC ID number of contributing C 53.58 federal political committee. Memo Item Name of Employer Occupation American Health Care Association Senior Director, Education Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$53.58 Bi-Weekly 214.32 Other (specify) Full Name (Last, First, Middle Initial) B. Andrew Garrett Date of Receipt Mailing Address 2147 Wilder Avenue 05 24 2016 City State Zip Code Transaction ID: C3321027 HI Honolulu 96822 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Healthcare Association of Hawaii Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Patricia Giorgio Date of Receipt Mailing Address 4702 Chestnut Ridge Rd NE 05 22 2016 City State Zip Code Transaction ID: C3320674 IA Cedar Rapids 52411 Amount of Each Receipt this Period FEC ID number of contributing С 1250.00 federal political committee. Memo Item Name of Employer Occupation President/CEO **Evergreen Estates** Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 1803.58 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: (check only one) PAGE 9 OF 29 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Health Care Associate	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Howard Groff Mailing Address 11337 Louisiana Cir City Bloomington FEC ID number of contributing federal political committee. Name of Employer Tealwood Senior Living Receipt For: Primary General Other (specify)	State Zip Code MN 55438-2827 C Occupation President Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 05 02 2016 Transaction ID: C3305044 Amount of Each Receipt this Period 1250.00 Memo Item
Full Name (Last, First, Middle Initial) Reginald G Hartsfield Mailing Address 243 Windward Ct City Detroit FEC ID number of contributing federal political committee. Name of Employer Advanatge Management Group Receipt For: Primary General Other (specify)	State Zip Code MI 48207-5054 C Occupation Owner Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 05 17 2016 Transaction ID: C3317270 Amount of Each Receipt this Period 2500.00 Memo Item
Full Name (Last, First, Middle Initial) Steven D. Heaney Mailing Address 1116 Ninth Ave City Toms River FEC ID number of contributing federal political committee. Name of Employer Brandywine Senior Living Receipt For: Primary General Other (specify)	State Zip Code NJ 08757-2643 C Occupation Vice President Aggregate Year-to-Date ▼ 500.00	Date of Receipt 05
SUBTOTAL of Receipts This Page (optional)		4000.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X)

	FOF	R LINE	NU	MBER	:	PAGE	1	10 OF	=	29
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Carmy Jerome Date of Receipt Mailing Address 2749 Hydra Drive 03 2016 City State Zip Code Transaction ID: C3305769 CO Loveland 80537 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Memo Item Name of Employer Occupation Aspen House Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Amanda Johnson Date of Receipt Mailing Address 408 W 6th St. 05 05 2016 City State Zip Code Transaction ID: C3308070 MN Morris 56267 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation **Tealwood Care Centers** VP Clinical Operations Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Larry F. Lane Date of Receipt Mailing Address 1616 Stephens Dr 2016 05 17 City State Zip Code Transaction ID: C3321062 PΑ Wayne 19087-1023 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation Sr VP, Regulatory Affairs Genesis Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1375.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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	FOR	R LINE	NU	IMBER	:	PAGE	 11 O	F	29
Use separate schedule(s)	(che	eck only	or or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jay R. Leo Date of Receipt Mailing Address 401 NE Evans St 2016 City State Zip Code Transaction ID: C3316530 OR McMinnville 97128-4606 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation COO The Springs Living Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Howard Lipschutz Date of Receipt Mailing Address 1304 Laurel Oak Rd 05 09 2016 City State Zip Code Transaction ID: C3316525 NJ Voorhees 08043-4310 Amount of Each Receipt this Period FEC ID number of contributing 1500.00 federal political committee. Memo Item Name of Employer Occupation Burnt Tavern Rehab & Health Care Principal Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Michael McPartlon Date of Receipt Mailing Address 15 Lincoln Mall 2016 05 31 City State Zip Code Transaction ID: C3324692 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation VP/COO Kingsway Arms Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	12 OF	29
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	□ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Abraham Morse Date of Receipt Mailing Address 21 Sagamore Rd 2016 23 City State Zip Code Transaction ID: C3321066 MA **Newton Highlands** 02461-1023 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation Massachusetts Senior Care Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. William J. Pascocello Date of Receipt Mailing Address 49 Top of the Rdg 05 25 2016 City State Zip Code Transaction ID: C3324679 NY Mamaroneck 10543-1734 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Nursing Home Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gail M. Polanski Date of Receipt Mailing Address 3690 Southwestern Blvd. 2016 05 06 City Zip Code State Transaction ID: C3308400 NY Hamburg 14075 Amount of Each Receipt this Period FEC ID number of contributing С 300.00 federal political committee. Memo Item Name of Employer Occupation **SVP Clinical Services** Tara Cares Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 2300.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

	FOR	R LINE	NU	MBER	:	PAGE	•	13 OF	:	29
Use separate schedule(s) for each category of the	(che	eck only	or or	ne)						
Detailed Summary Page	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Clifton Porter Date of Receipt Mailing Address 3929 Azalea Court 2016 23 City State Zip Code Transaction ID: C3321082 OH Maumee 43537 Amount of Each Receipt this Period FEC ID number of contributing C 208.33 federal political committee. Memo Item Name of Employer Occupation **SVP Government Relations** American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$208.33 Bi-Weekly 1057.61 Other (specify) Full Name (Last, First, Middle Initial) B. Mebane Pruitt Date of Receipt Mailing Address 1626 Jeurgens Ct 05 25 2016 City State Zip Code Transaction ID: C3321150 GA **Norcross** 30093 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Memo Item Name of Employer Occupation N/A Homemaker Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2500.00 Full Name (Last, First, Middle Initial) c. Neil L. Pruitt Jr. Date of Receipt Mailing Address 1626 Jeurgens Ct 2016 05 25 City State Zip Code Transaction ID: C3321151 GA Norcross 30093 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Memo Item Name of Employer Occupation President PruittHealth Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 2708.33 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Jerry Sams Date of Receipt Mailing Address 3316 Pecan Grove Lane 09 2016 City State Zip Code Transaction ID: C3316524 AR Alma 72921 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Memo Item Name of Employer Occupation CFO Central Arkansas Nursing Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joani Schelm Date of Receipt Mailing Address 6330 South 104th Street 05 10 2016 City State Zip Code Transaction ID: C3316526 NE Omaha 68127 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Memo Item Name of Employer Occupation Vetter Health Services, Inc. Director of Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gail Sheridan Date of Receipt Mailing Address 20 St. Mark's Bay 2016 05 17 City State Zip Code Transaction ID: C3321063 MN Faribault 55021 Amount of Each Receipt this Period FEC ID number of contributing С 1000.00 federal political committee. Memo Item Name of Employer Occupation Chief Clinical Operations Officer **Tealwood Care Centers** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 8500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) American Health Care Association	n Political Action Committee	
Ober Kaler Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21202-1605 C Occupation Attorney Aggregate Year-to-Date ▼ 300.00	Date of Receipt M
Diversified Health Care	State Zip Code LA 70810-8398 C Description Descript	Date of Receipt 05 13 2016 Transaction ID: C3316528 Amount of Each Receipt this Period 1250.00 Memo Item
HCF Management, Inc.	State Zip Code OH 45805-3529 C Description President & CEO Aggregate Year-to-Date ▼ 2500.00	Date of Receipt March 24
SUBTOTAL of Receipts This Page (optional)		4050.00
TOTAL This Period (last page this line number only	ly)	

	F	ЭR	LINE	NU	MBER	:	PAGE	. 1	16 OF	29
Use separate schedule(s)	(c	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Kevin Warren Mailing Address 7308 Rolling Stone Circle		Date of Receipt
City Austin	State Zip Code TX 78739	05 26 2016 Transaction ID : C3321811 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	625.00 Memo Item
Name of Employer Texas Health Care Association Receipt For: Primary General Other (specify) ▼	Occupation President/CEO Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) Robert L. Wehner Mailing Address 4935 Lafayette Plain City Rd	l.	Date of Receipt 05 05 05 05 2016
City London	State Zip Code OH 43140	Transaction ID : C3308071 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	137.50
Name of Employer Wesley Glen Receipt For:	Occupation Chief Financial Officer Aggregate Year-to-Date ▼	Memo Item
Primary General Other (specify) ▼	275.00	
Full Name (Last, First, Middle Initial) Debra Welk		Date of Receipt
Mailing Address 9005 Raven Oaks Dr		05 19 2016
City Omaha	State Zip Code NE 68152	Transaction ID : C3318048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Immanuel	Occupation VP, Health Care Services	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	1012.50
TOTAL This Period (last page this line number	r only)	

FOR LINE NUMBER: PAGE 17 OF 29 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Cametrica Danyale Williams Date of Receipt Mailing Address 116 Mourning Dove 2016 17 City Zip Code State Transaction ID: C3321060 Navasota TX 77868 Amount of Each Receipt this Period FEC ID number of contributing C 303.00 federal political committee. Memo Item Name of Employer Occupation Sherwood Healthcare, Inc. Director Receipt For: Aggregate Year-to-Date ▼ Primary General 303.00 Other (specify) Full Name (Last, First, Middle Initial) B. Weisman Associates LLC Date of Receipt Mailing Address 5310 NW 33rd Ave Ste 211 05 16 2016 City State Zip Code Transaction ID: C3321058 FL Fort Lauderdale 33309-6319 Amount of Each Receipt this Period FEC ID number of contributing C 639.00 federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized Other (specify) 639,00 Full Name (Last, First, Middle Initial) c. Barton D. Weisman Date of Receipt Mailing Address 5310 NW 33rd Ave 05 16 2016 Ste 211 City Zip Code State Transaction ID: C3321059 FL Ft Lauderdale 33309-6319 Amount of Each Receipt this Period FEC ID number of contributing С 639.00 federal political committee. ★ Memo Item Name of Employer Occupation Millennium Health Systems Chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 639.00 Other (specify) 942.00 SUBTOTAL of Receipts This Page (optional)..... 36916.41 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form :	3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 18 OF 29 (check only one)	
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17	
or for commercial purposes, other than us			person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Health Care Asso	ociation Politic	al Action Committee		
Full Name (Last, First, Middle Initial) Kindred Healthcare Inc. Political Mailing Address 680 S 4th St	Action Committe	ее	Date of Receipt	
City Louisville	State KY	Zip Code 40202-2407	05 31 2016 Transaction ID : C3324695 Amount of Each Receipt this Region	
FEC ID number of contributing federal political committee.)242271	Amount of Each Receipt this Period 5000.00	
Name of Employer	Occupation		Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]	
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address City	State	Zip Code	M = M / D = D / Y = Y = Y	
FEC ID number of contributing		2.10 0000	Amount of Each Receipt this Period	
federal political committee. Name of Employer	Occupation		Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼		
Full Name (Last, First, Middle Initial)			Date of Receipt	
Mailing Address	01-1-	7's Oath	M = M / D = D / Y = Y = Y	
FEC ID number of contributing	State	Zip Code	Amount of Each Receipt this Period	
federal political committee. Name of Employer	Occupation		Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]	
SUBTOTAL of Receipts This Page (option	nal)		5000.00	
TOTAL This Pariod (last page this line of			5000.00	

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 19 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Orlean orling		
	Detailed Summary Page	X 21b	22 23	24 25 26
Annalytic -		27	28a 28b	28c 29 30
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	a and a second of any point			
American Health Care Association	Political Action Co.	mmittee		
/				
Full Name (Last, First, Middle Initial)			Data of Dist	
A. American Express			Date of Disbursem	
Mailing Address PO Box 53773			05 05	
City	State Zip Code			
Phoenix	AZ 85072-3773		Transaction ID:	D174374
Purpose of Disbursement				
Credit Card Processing Fees			Amount of Each D	Disbursement this Period
Candidate Name		Category/		22.00
Office Sought: House Disburser	ment For:	Туре	Momo Itaa	
Senate Seagnit.	Primary General		Memo Item	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
BB&T Merchant Services			Date of Disbursem	
Mailing Address DO Day 200			M M / D D	
Mailing Address PO Box 200			05 16	2016
City	State Zip Code		Transaction ID :	D174373
Wilson	NC 27894-0200		า สาเอสนเบเที เป :	11 1 010
Purpose of Disbursement Credit Card Processing Fees			Amount of Each	Disbursement this Period
Candidate Name			AMOUNT OF EACH L	ловитовители иль Репод
		Category/ Type		197.85
Office Sought: House Disburser	ment For:	٠,٣٠٠	Memo Item	
Senate	Primary General		_	
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disbursem	nent
S. BB&T				
Mailing Address 1099 New York Ave NW			05 23	
Ste 100				
,	State Zip Code		Transaction ID :	D174375
Washington Purpose of Disbursement	DC 20001-4452			-
Bank Fees			Amount of Forb B	Disbursement this Period
Candidate Name		Category	Amount of Each L	ASSULTS ETTETTE UTILS PERIOD
		Category/ Type		164.38
Office Sought: House Disburser	ment For:	· ·	Memo Item	
Senate	Primary General			
President Pictriot:	Other (specify) ▼			
State: District:				
CURTOTAL - (C)				384.23
SUBTOTAL of Disbursements This Page (optional)		·····•	7	304.23
TOTAL This Period (last page this line number only)				384.23

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) American Health Care Association	e and address of any political	committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. COMMON SENSE COLORADO Mailing Address PO Box 1978			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•	tate Zip Code CO 80201-1978	Category/	Transaction ID : D173262 Amount of Each Disbursement this Period
		Type	2500.00 Memo Item
,	itate Zip Code VA 22313		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Contribution Candidate Name Office Sought: House Disbursem Senate		Category/ Type	Amount of Each Disbursement this Period 5000.00 Memo Item
Full Name (Last, First, Middle Initial) DONALD NORCROSS FOR CONC Mailing Address PO BOX 160	BRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Collingswood Purpose of Disbursement Contribution Candidate Name DONALD W NORCROSS Office Sought: House Senate Disbursem	ent For: 2016 Primary General Other (specify)	Category/ Type	Transaction ID : D173465 Amount of Each Disbursement this Period 2000.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)			9500.00
TOTAL This Period (last page this line number only).		······	

SCHEDULE B (FEC Form 3X)		FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	The state of the politice		
American Health Care Association	Political Action Com	mittee	
/			
Full Name (Last, First, Middle Initial)			
A. Dwight Evans for Congress			Date of Disbursement
Mailing Address PO Box 6578			05 26 7 2016
City	State Zip Code		
•	PA 19138		Transaction ID: D173684
Purpose of Disbursement	.5.50		
Contribution		[[Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Dwight Evans		Type	1500.00
	nent For: 2016		Memo Item
	Primary		
State: PA District: 02	outor (opeoliy) ▼		
Full Name (Last, First, Middle Initial)			
Dwight Evans for Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 6578			05 17 2016
,	State Zip Code		Transaction ID : D173468
	PA 19138		
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Cotomarii	or East Dissursonion the Follow
Dwight Evans		Category/ Type	1000.00
	nent For: 2016		Memo Item
Senate	Primary General		
	Other (specify) ▼		
State: PA District: 02			
Full Name (Last, First, Middle Initial)			Data of Dishuws are and
MODERATE DEMOCRATS PAC			Date of Disbursement
Mailing Address 426 C STREET NE			05 17 2016
Cit.	Note 7:- 0 - 1 -		
,	State Zip Code DC 20002		Transaction ID : D173450
Purpose of Disbursement	20002		
Contribution		[[Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	5000.00
Office Sought: House Disbursem			Memo Item
	Primary General		_
State: District:	Other (specify) ▼		
S.G.O. DIGHIOL			
SUBTOTAL of Disbursements This Page (optional)			7500.00
aga (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER: PAGE 22 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	Lents may not be sold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			Data of Bishamana at
A. NEW MILLENNIUM PAC			Date of Disbursement
Mailing Address ONE GATEWAY CENTER SUITE 520			05 17 2016
,	State Zip Code NJ 07102		Transaction ID : D173464
NEWARK Purpose of Disbursement	NJ 07102		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disbursen	nent For:	Type	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) 3. Off the Sidelines PAC			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 78182			05 17 2016
,	State Zip Code DC 20013		Transaction ID : D173453
Purpose of Disbursement	20013		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disbursen	nent For:	Type	Memo Item
	Primary General		mento ten
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) LATTA FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 106			05 25 2016
City	State Zip Code		Transaction ID - D472675
	OH 43402		Transaction ID: D173675
Purpose of Disbursement Contribution		· · ·]	Amount of Each Dishursoment this David
Candidate Name		Category/	Amount of Each Disbursement this Period
Rep. Bob Latta		Type	1000.00
	nent For: 2016		Memo Item
	Primary		
State: OH District: 05	- · · · (-F)/ •		
'			
SUBTOTAL of Disbursements This Page (optional)		············ >	7000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Use senar	ate schedule(s)			NUMBER	PAGE 23 OF 29
ITEMIZED DISBURSEMENTS	for each ca	ategory of the ummary Page	(che	21b 27	one) 22 28a	X 23 24 25 26 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may no e and addre	ot be sold or us	ed by a	ny perso	n for the solicit co	purpose of soliciting contributions ntributions from such committee.
NAME OF COMMITTEE (In Full)						
American Health Care Association	Political <i>i</i>	Action Con	nmitte	e		
Full Name (Last, First, Middle Initial)					5.	(D:)
A. CHARLES BOUSTANY JR. MD FC	R SENA	ATE, INC.			Date o	f Disbursement
Mailing Address PO Box 80126					05	17 2016
		Zip Code			Trans	saction ID : D173467
Lafayette Purpose of Disbursement	LA	70598			Traine	3401101121121101
Contribution			Γ.		Amoun	t of Each Disbursement this Period
Candidate Name			Categ	iory/		0500.00
Rep. Charles Boustany Jr.			Тур			2500.00
Senate President	ent For: 20 Primary Other (specif	X General			Me	mo Item
State: LA District:						
B. PEOPLE FOR DEREK KILMER						f Disbursement
Mailing Address PO BOX 1574					05	09 2016
,	tate NA	Zip Code 98335			Trans	saction ID : D173332
Contribution					Amoun	t of Each Disbursement this Period
Candidate Name			Categ	iorv/		4000.00
Rep. Derek Kilmer			Тур			1000.00
Senate X F	ent For: 20 Primary Other (specif	General			Mei	mo Item
Full Name (Last, First, Middle Initial) C. DIANA DEGETTE FOR CONGRES	SS				Date o	f Disbursement
Mailing Address P.O. Box 61337					05	17 2016
Denver	tate CO	Zip Code 80206			Trans	saction ID : D173463
Purpose of Disbursement Contribution				-		
Candidate Name					Amoun	t of Each Disbursement this Period
Rep. Diana DeGette			Categ Typ			1000.00
Office Sought: House Disbursem	ent For: 20 Primary Other (specif	General			Me	mo Item
						4500.00
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).					H	

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
TEMMELED DIODOTIOEMENTO	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	o and address of any points		Const. Contributions from Cash Committee.
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dishurasment
. GEORGE HOLDING FOR CONGR	RESS INC.		Date of Disbursement
Mailing Address PO BOX 97187			05 25 2016
,	State Zip Code		Transaction ID : D173677
RALEIGH Purpose of Disbursement	NC 27624		Transaction ID . D173077
Contribution-Special Primary			Amount of Each Disbursement this Period
Candidate Name		Category/	1500.00
Rep. George Holding		Type	1500.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: NC District: 13	omer (specify) ▼		
Full Name (Last, First, Middle Initial) RE-ELECT MCGOVERN COMMIT	TEE		Date of Disbursement
** INE-ELECT MICOGVERIN COMMIT			M = M / D = D / Y = Y = Y
Mailing Address PO Box 60405			05 17 2016
Worcester	State Zip Code MA 01606		Transaction ID : D173449
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	4000.00
Rep. Jim McGovern		Type	1000.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: MA District: 02			
Full Name (Last, First, Middle Initial) CASTRO FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 544			05 17 2016
City	State Zip Code		
	TX 78292		Transaction ID: D173466
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Joaquin Castro		Type	1000.00
Senate	nent For: 2016 Primary General Other (specify)		Memo Item
State: TX District: 20	- \-\(\frac{1}{2}\) \\		
SUBTOTAL of Disbursements This Page (optional)			3500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 25 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
1 1	le and address of any pointe	ai committee to	Solicit contributions from Such committee.
NAME OF COMMITTEE (In Full) American Health Care Association	Political Action Com	mittoo	
American nealth care Association	Political Action Con	millee	
Full Name (Last, First, Middle Initial)			
A. NANCY PELOSI FOR CONGRESS	3		Date of Disbursement
Mailing Address 700 13TH STREET, NW			05 17 2016
SUITE 600			
	State Zip Code DC 20005		Transaction ID : D173460
WASHINGTON Purpose of Disbursement	DC 20005		
Contribution		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. NANCY PELOSI		Type	2500.00
Office Sought: House Disbursen	nent For: 2016		Memo Item
	Primary General		
President Pictrioty 40	Other (specify) ▼		
State: CA District: 12			
Full Name (Last, First, Middle Initial)			Date of Disbursement
3. WELCH FOR CONGRESS			
Mailing Address PO BOX 1682			05 25 2016
•	State Zip Code		Transaction ID : D173676
BURLINGTON Purpose of Disbursement	VT 05402		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Catanata	sant of Each Disputoritient this Feriou
Rep. Peter Welch		Category/ Type	1000.00
•	nent For: 2016	71: -	Memo Item
Senate	Primary General		
	Other (specify) ▼		
State: VT District: 01			
Full Name (Last, First, Middle Initial)			Data of Bishamanani
C. LEVIN FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 37			05 17 2016
Mailing Address PO DOX 3/			33 17 2010
City	State Zip Code		Transaction ID - D472452
Roseville	MI 48066		Transaction ID : D173462
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. Sander M. Levin		Category/ Type	5000.00
•	nent For: 2016	туре	
	Primary General		Memo Item
President	Other (specify) ▼		
State: MI District: 09			
SUBTOTAL of Disbursements This Page (optional)			8500.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Harrison and Harrison	FOR LINE	NUMBER: PAGE 26 OF 29
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	lents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Health Care Association	Political Action Com	nmittee	
Full Name (Last, First, Middle Initial)			Data of Dieleuw
Meiling Address B.O. By 201000			Date of Disbursement
Mailing Address P.O. Box 261060	Note 7's C. I		05 17 2016
,	State Zip Code CA 90026		Transaction ID: D173455
Purpose of Disbursement	90020		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. Xavier Becerra		Type	5000.00
	nent For: 2016		Memo Item
	Primary		
State: CA District: 34	Circl (Specify)		
Full Name (Last, First, Middle Initial)			
3. Republican Party of Kentucky Fede	eral Account		Date of Disbursement
Mailing Address PO Box 1068			05 17 2016
Frankfort	State Zip Code KY 40602		Transaction ID : D173470
Purpose of Disbursement Contribution			Amount of Foot Distriction 1997 D. 1997
Candidate Name			Amount of Each Disbursement this Period
Cardidate Harris		Category/ Type	5000.00
Office Sought: House Disbursem	nent For:	- 7 6 ~	Memo Item
	Primary General		_
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC			Date of Disbursement
- GNAGGLET COMMINITIES INC			M M / D D / Y Y Y Y
Mailing Address PO BOX 1000			05 17 2016
	State Zip Code		Transaction ID : D173469
DES MOINES Purpose of Disbursement	IA 50304		
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Sen. Charles E. Grassley	eest Fee: 0040	Туре	3000.00
	nent For: 2016 Primary General		Memo Item
	Other (specify)		
State: IA District:			
,			
SUBTOTAL of Disbursements This Page (optional)		·······	15000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name	ents may not be sold or use and address of any politi	sed by any personal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Association I	Political Action Cor	mmittee	
/			
Full Name (Last, First, Middle Initial) A. BLUMENTHAL FOR CONNECTICU	JT		Date of Disbursement
Mailing Address C/O CACACE TUSCH & SANTAGA 777 SUMMER STREET, STE 103			05 02 2016
Stamford	tate Zip Code CT 06901		Transaction ID : D173261
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Richard Blumenthal		Category/ Type	1500.00
Senate F	ent For: 2016 Primary General Other (specify) ▼		Memo Item
State: CT District:	Convention		
Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT			Date of Disbursement
Mailing Address P.O. BOX 50100			05 17 2016
SPRINGFIELD N	tate Zip Code MO 65805		Transaction ID: D173461
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period
Candidate Name Sen. Roy Blunt		Category/ Type	2500.00
∑ Senate F	ent For: 2016 Primary		Memo Item
Full Name (Last, First, Middle Initial) Tuesday Group Political Action Con	nmittee		Date of Disbursement
Mailing Address PO Box 11586			05 17 2016
Washington [tate Zip Code DC 20008		Transaction ID : D173448
Purpose of Disbursement Contribution Candidate Name		Category/	Amount of Each Disbursement this Period 5000.00
	ent For: Primary General Other (specify)	Туре	Memo Item
SUBTOTAL of Disbursements This Page (optional)			9000.00
TOTAL This Period (last page this line number only)			64500.00

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only 21b	one) 22 23 24 25 26
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used	by any perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Health Care Association			
Full Name (Last, First, Middle Initial) Clear Creek Centers, Inc. Mailing Address 7481 Knox Place			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	tate Zip Code		
Westminster	CO 80030		Transaction ID : D173519
Purpose of Disbursement Refund of 4/11/2016 Contribution Candidate Name	[Category/ Type	Amount of Each Disbursement this Period
	ent For: Primary General Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) 3. Rowan, Inc.			Date of Disbursement
Mailing Address 4601 E. Asbury Circle			05 25 2016
,	tate Zip Code CO 80222		Transaction ID : D173520 Amount of Each Disbursement this Period
Candidate Name		Category/ Type	142.50
	ent For: Primary General Other (specify) ▼	1,700	Memo Item
Full Name (Last, First, Middle Initial) - Valley View Health Care Center, Inc.	С.		Date of Disbursement
Mailing Address 2120 North 10th Street			05 25 2016
Canon City	tate Zip Code CO 81212		Transaction ID : D173518
Purpose of Disbursement Refund of 4/11/2016 Contribution Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ent For: Primary General Other (specify) ▼	NE C	Memo Item
SUBTOTAL of Disbursements This Page (optional)			427.50
TOTAL This Period (last page this line number only).		<u> </u>	427.50

To reach category of the bocaled Summary Page	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I	
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) DCCC Building Fund Mailing Address 430 S. Capitol Street, SE City State District District Full Name Category/ President State: District Full Name (Last, First, Middle Initial) Mailing Address City State District Full Name Category/ President Candidate Name Category/ President Category/ President Category/ President Category/ President State: District District Category/ President Category/	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 23 24 25 26
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